

EIGHTH ANNUAL REPORT DIVISION OF ANESTHESIA
1945

1.

The year 1945 was marked by frequent changes in personnel, too little teaching of the surgical residents, too much teaching of the medical students without adequate supervision, and an increase in the operative schedules, all of which factors tend to explain why the anesthesia service to the Hospital left much to be desired.

CLINICAL WORK

Of the 14,713 anesthetics administered, 10,188 were staffed by or supervised by the physician anesthesiologists. This total is an increase of 4,288 cases over 1944, and indicates the main function of the department. In addition, numerous consultations were requested for problems of pain relief, resuscitation or airway difficulties. In Neurological Institute especially, there was increased cooperation between the surgeons and anesthesiologists which resulted in better care of the patients with pneumonia, intubation of patients in the Respirator, and diagnostic regional anesthesia were functions of the anesthesiologist.

On April 3, 1945, with the assistance of Dr. Cassius Watson, and Dr. Whipple, a Nerve Block Clinic was opened which meets on Tuesday afternoons on the third floor. To date, fifty patients have received diagnostic or therapeutic nerve blocks. Most of the patients have been referred by the Vascular, or the Fracture Clinic.

No new agents were introduced. Our experience with curare as an adjunct to anesthesia was enlarged and its use was begun on the pediatric service. The number of cyclopropane cases increased to 82, most of whom were seriously ill patients. It is likely that a combination of cyclopropane and curare will have a wide application in the future. Further attempts to minimize the explosion hazard of the various inhalation agents, were made. Furthermore floorings of conductive linoleum have been laid, and more floors will be changed when the materials are available. In spite of many precautions, a serious fire occurred in the Neurological Institute on December 23rd, during an operation using ether and oxygen. The patient was fortunately unharmed, but the anesthesiologist was quite badly burned.

A new technic for adult tonsillectomies was given a trial with fairly good results. After a pharyngeal topical spray, a nasal endotracheal tube was inserted and anesthesia was produced by pentothal, while curare was used for relaxation of pharyngeal reflexes. It was thought that both induction time and recovery time would be expedited by this technic. This was not found to be the case, for at least 15 items of equipment need to be assembled before anesthesia is begun, likewise the recovery time was most irregular following pentothal, and was often accompanied by extreme restlessness. This involved more postoperative nursing care, until it was found that the use of more curare and less pentothal was followed by recovery of consciousness before the patient was returned to bed. This technic is not recommended unless in the hands of expert anesthesiologists.

On the pediatric service, the introduction of an operation for arterial anastomosis in patients with congenital heart disease, has imposed a stimulus to improve anesthesia technique in children. Both absorption and insufflation systems have been used with endotracheal tubes. Since two of the eight patients have died on the operating table, while the upper mediastinum was being manipulated it is evident that much more needs to be learned about this region operation, and anesthesia methods. It is probable that vagus nerve block will protect the patients from reflex disturbances arising in this area.

CHANGES IN STAFF

Two residents completed their residencies.

Jean Weil, March 31st.....Private practice

Mary Jordan, Nov. 1st.....2nd year at
University of Pennsylvania Hospital.

Two residents were reappointed for a second year.

Lila Gairns, May 1st Spent three months
at Wisconsin General Hospital.

Mary Hall, Nov. 1st.

One resignation was received.

Kingsley Bishop Ducharme, Instructor in
Anesthesia resigned on Oct. 15th.

There were three appointments to the permanent staff.

Fernando Diaz was advanced on Mar. 1st.
to Assistant Anesthetist.

Elizabeth Conover was appointed
Assistant Anesthetist on a part-time basis on
June 1st, but resigned on November 19th.

Elmer Sanders was appointed Assistant
Anesthetist for a period of five months, be-
ginning November 15th.

Four new residents were appointed for a period of
one year.

Charlotte Swart.....July 1st. from Harbor Hosp.

Marvella Vanney.....August 1st. Baltimore City Hosp.

Major Homero Trevino.....August 15th. Mexican Army

Cap't. Donald Richter.....November 1st. U.S. Army

One temporary resident was appointed.

Raquel Santos.....September 15th. Santiago, Chile.
for 6½ months.

Two other physicians spent four to six weeks in the department.

Henry Robbins....Portsmouth, N.H. April

Lt. William Hall.....U.S.N. May 1st to June 15th

Two Oral Surgeons spent two to four weeks in the department.

Fred Morrison....Kokomo, Indiana....June

Joseph White.....Portland, Maine..Oct.25th to Nov. 7th.

RESIDENT TEACHING

Besides numerous informal discussions, resident teaching took place at the weekly staff meetings held at 4 p.m. on Thursdays, and at bimonthly evening meetings. Topics were prepared by the residents and after their presentation, a discussion period followed. Attendance was required at the American Society of Anesthesiology meetings.

The teaching of the surgical residents decreased because of the shortage of surgical residents. Only three men spent the afternoons of one month working in the department: Herter, Hui, and Frick.

STUDENT TEACHING

Second year: Demonstrations of human anesthesia took place on two days, and were accompanied by much discussion. Dr. Van Dyke and his staff presented the formal lectures.

Third year: The third year elective course of two months, was dropped after one quarter, and was replaced by a required course. Each group of three or four students, received an average of 4½ days of instruction.

Fourth year: Fourth year teaching was continued until Oct.25th when it was dropped because of the resignation of Dr. Bishop. It was found to be impossible to teach four third year students, the fourth year group as well as new residents, in addition to other duties, without some able assistance.

The fourth year Dental students received two lectures, but no practical work.

LECTURES

Jan. 3rd.....The Medical Circle

Jan. 12th.....2nd Yr. lecture

Jan. 17th.....3rd.Yr. lecture

Jan. 19th.....2nd.Yr. lecture

Jan. 24th.....3rd. Yr. lecture

Feb.2nd.....4th Yr. applied Pharm.
Mar.2nd.....4th Yr. lecture
Mar.9th.....4th Yr. lecture
Mar.19th.....4th Yr. dental lecture
Mar.26th.....4th Yr. dental lecture
May 2nd.....Putnam Co. Medical Society
Nov.21st.....3rd Yr. lecture
Nov.28th.....3rd Yr. lecture
Oct.10th.....Baltimore City Med. Society
Dec.7th.....4th Yr. lecture
Dec.13th.....Panel chairman, N.Y. State
Section Anesthesiology
Dec.14th.....4th Yr. lecture

MEETINGS ATTENDED

April 1st weekend.....Aqualumni, Madison, Wis.
Four New York meetings of American Society Anesthesiologists
Nov. 11th Boston, New England Society Anesthesiologists
Dec. 13th-14th....Two day symposium, New York City

OTHER ACTIVITIES

Duties as treasurer and member of Board of Directors
of the American Society of Anesthesiologists continued.

Meetings of the Committee on Public Relations of the New York County Medical Society were attended.

The yearly statistical report for 1944 was not presented at Surgical Staff Conference, as it had been in previous years. 50 mimeographed copies were distributed to members of the surgical staff.

The annual Newsletter from the department was sent to former residents in December.

Four former residents ~~were~~ commissioned in the Army Medical Corps.

Cap't. Robert Gladstone, stationed in Miami, Fla.

Cap't. Charles Stein, who served in Burma, China and India
in the E.T.O

Cap't. Belmont Musicant, who served in Burma, China and India.

Major Herman Levin, who served in the Southwest Pacific, Phillipines

FUTURE PLANS

In September, plans were submitted to the Director of Surgery for expansion of the anesthesia department. With the construction of fourteen more operating rooms in addition to the present twenty three rooms, it is imperative to lay the foundations of a well-organized and smoothly functioning department apart from teaching responsibilities or research work. It was suggested that an assistant director be appointed, as well as six well trained men, on graded salaries, to service the private and semi-private rooms, and a research director. It was hoped that these positions could be established, if such were thought wise, in the near future, but apparently it has been thought better to postpone such decisions until the new Director of Surgery is appointed.

We believe the plan for undergraduate teaching should be changed radically. It has always been a question as to the wisdom of practical instruction for the undergraduate student. This course was pursued only because it was felt the future physician would receive no training in his internship. The status of anesthesia teaching for internes has improved considerably in the last seven years, and we feel that it is no longer necessary to afford practical experience to all the medical students. We believe, rather, that the surgical and medical house staff officers would profit much more by a consecutive period of time in the anesthesia department. Our hospital is far behind many others in this respect. We feel very doubtful of the value of 4½ days spent in a group of four third year students, in spite of the popularity of the course with the students themselves. It is impossible to present the proper balance of preoperative and postoperative periods as well as the period of actual operation and anesthesia. We feel that the two months elective course offered for the last two years, and recently discontinued, was much more profitable to the student in all respects, and we urge its re-establishment. To summarize the changes suggested,

1. All surgical and medical house officers to spend one month on the anesthesia service.
2. Discontinue the required work in third and fourth year anesthesia.
3. Offer an elective course of one or two months to third year students.
4. Increase the didactic teaching of anesthesia to medical students, preferably by discussion groups, or anesthesia rounds on the wards, in third year surgery.

The financial status of the department continues to be excellent, with a surplus of \$12,432, after deducting professional salaries from collections of private fees.

It is with great regret that we submit this report to the Director of Surgery for the last time. Without his patient understanding, and invaluable assistance we should have made no progress at all. We shall be fortunate if he is succeeded by someone even half as sympathetic as he, with our anesthesia problems.